**Customer Information: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Target Size:**

❑ Between 100bp – 600bp ❑ Between 1-50Kb

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Name** | **Target Size** | **Size Range** **(+/- bp)** | **Notes (GSL use)** |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |

**Bioanalyzer Chip (Additional $46 Charge)**

❑ I DO want my samples run on a bioanalyzer chip

❑ I DO NOT want my samples ran on a bioanalyzer chip

**Concentration/Quality Requirements:**

Please bring exactly 30ul per sample in a labeled 1.7mL tube.

**Note:** Pippen prep estimates 50-80% sample recovery.

Samples will be eluted in 40ul TE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[Core Facility Use]:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom of Form